

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **13049** **63-049424** STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 9 1964

a. COUNTY **St. Louis,**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Lutheran Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis,**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5206 Gilmore

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **JOSEPH** Middle **T.** Last **FLORIAN**

4. DATE OF DEATH
Month **December** Day **28,** Year **1963**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-12-1903

9. AGE (last birthday)
60

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Packer

10b. KIND OF BUSINESS OR INDUSTRY
Abbott Pharmacy

11. BIRTHPLACE (City and state or country)
Breese, Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Anthony Florian

13b. MOTHER'S MAIDEN NAME

Elizabeth Giesint

14. NAME OF HUSBAND OR WIFE

Florence J. Florian

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address
Mrs. Florence J. Florian, 5206 Gilmore

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH
6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Squamous cell Carcinoma of hypopharynx

2 1/2 yrs.

DUE TO (c)

147X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mechanical malnutrition

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 1961** to **12/28/63** and last saw him alive on **12/28/63**.
Death occurred at **1:45 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Charles G. Obermayer, M.D.

22b. ADDRESS
3957 Holly Hills Blvd.

22c. DATE SIGNED
12/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
Dec. 31, 1963

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county)
St. Louis County, Missouri

24. FUNERAL DIRECTOR
ADDRESS
CALVIN F. FEUTZ, 4828 Natural Bridge Bl.

25. DATE RECD. BY LOCAL REG.
DEC 31 1963

26. REGISTRAR'S SIGNATURE
Paul L. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Charles G. Obermeyer
3957 Holly Hills
PL 2-3727

FILE IN CITY

HOURS: Dr. Will be at Feutz this P.M.
to sign Certificate

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Assistant Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.